



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NOVAMED SURGERY CENTER OF MERRILLVILLE, LLC

Street Address: 8514 Broadway

City: Merrillville

County: Lake

Administrator Name: Joyce Ball

Administrator Email: JBall@Williamseye.com

ASC Web Address: www.Williamseye.com

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2162	2162
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1534	
66821	469	
66999	360	
66982	114	
66761	18	
65435	6	
66850	4	

66986	3
66762	1
66825	1

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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